

SUPPLEMENTAL APPLICATION DATA SHEET**Application Information**

Application number:: 10/723,606
Filing Date:: 11/26/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?::
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: Paper
Computer Readable Form (CRF)?:: Yes
Number of copies of CRF:: 1
Title :: DEP-1 RECEPTOR PROTEIN TYROSINE
PHOSPHATASE INTERACTING PROTEINS
AND RELATED METHODS
Attorney Docket Number:: 200125.447
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 5
Small Entity?:: Yes
Petition included?:: No
Petition Type::
Licensed U.S. Gov't Agency:: National Institutes of Health
Contract or Grant No:: RO1-GM55989 and T32-CA09311
Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Helena
Middle Name:: L.
Family Name:: Palka-Hamblin
Name Suffix::
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State or Province of Residence:: NY IL
Country of Residence:: US
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2545 North Drake Avenue #2
City of mailing address:: Rego Park Chicago
State or Province of mailing address:: NY IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 41374 60647

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Nicholas
Middle Name:: K.
Family Name:: Tonks
Name Suffix::
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Country of Residence:: US
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City of mailing address:: Huntington
State or Province of mailing address:: NY
Country of mailing address:: US
Postal or Zip Code of mailing address:: 11743

Correspondence InformationCorrespondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional claiming the benefit under 35 USC 119(e) of	60/429,746	11/26/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Cold Spring Harbor Laboratory
Street of mailing address::	P. O. Box 100, 1 Bungtown Road
City of mailing address::	Cold Spring Harbor
State or Province of mailing address::	New York
Country of mailing address::	US
Postal or Zip Code of mailing address::	11724

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